



International Student Insurance Plan

(Post-Secondary Plan)

2024-2025

OHIP ALTERNATIVE / AD&D

- Group Policy # 100011335

DRUG / DENTAL / EXTENDED HEALTH

- Policy # 100011718
- Group # 510000

Designed for the students of George Brown College



As a full-time registered student you are automatically covered for the benefits described herein.



Student Call Centre

CHAT WITH A LIVE WESPEAKSTUDENT TEAM MEMBER

1-800-315-1108

Please have your student ID readily available.

WE SPEAK STUDENT

2255 Sheppard East, Atria 1, 2nd Floor, Suite 202, Toronto, ON, M2J 4Y1

www.wespeakstudent.com

This booklet is provided for the purpose of explaining the benefits provided under the group policy and is not a contract of insurance.

The terms and conditions of the group policy will prevail. The complete terms, conditions, exclusions and limitations governing the coverage are found in the group contract issued by **Special Market Solutions, a division of Industrial Alliance Insurance and Financial Services Inc., and Industrial Alliance** (OHIP Alternative, AD&D, Prescription Drug, Dental, and Extended Health) and **Royal & Sun Alliance Insurance Company of Canada** (out-of-province travel medical).

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YOUR FLEX PLAN OPTIONS

» FLEX PLAN OPTION 1 BALANCED PLAN (Auto-Enrolled)

Drugs:

90% co- insurance (Oral contraception, the contraceptive patch, Nuva Ring (\$178 maximum), Depo-Provera, Mirena, Kyleena and Jaydess IUD. Hormones and substitutes)

80% co-insurance for all other eligible medication

\$8 dispensing fee max

Maximum: \$5,000

Dental:

Maximum: \$750

80% of exam and consultation, cleaning and one unit of polishing
80% of fillings, extractions and oral surgery
80% of wisdom tooth extraction
80% of endodontic/periodontics
80% major oral surgery

*Additional discounts are available through the Dental Network. Please visit www.wespeakstudent.com for more information.

Extended Health Care:

Vision: 100% coverage up to \$100 for a general eye exam and \$200 for prescribed lenses and frames and/or contact lenses every 24 consecutive months

Paramedical Practitioners:

80% per treatment up to \$1,000 per policy year. Please refer to the insurance website or booklet for eligible practitioners
80% up to \$1,000 for combined services of a psychotherapist or clinical psychologist (including RSW and MSW social workers).

AD&D and Travel Insurance Benefits

FLEX PLAN OPTION 2 ENHANCED DRUG PLAN

Drugs:

90% co-insurance for all eligible medication

Maximum: \$6,500

Dental:

Maximum: \$500

80% of exam and consultation, cleaning and one unit of polishing
70% of fillings, extractions and oral surgery
70% of wisdom tooth extraction
70% of endodontic/periodontics
70% major oral surgery

*Additional discounts are available through the Dental Network. Please visit www.wespeakstudent.com for more information.

Extended Health Care:

Vision: 100% coverage up to \$80 for a general eye exam and \$160 for prescribed lenses and frames and/or contact lenses every 24 consecutive months

Paramedical Practitioners:

80% per treatment up to \$800 per policy year. Please refer to the insurance website or booklet for eligible practitioners
80% up to \$1,000 for combined services of a psychotherapist or clinical psychologist (including RSW and MSW social workers).

AD&D and Travel Insurance Benefits

» **FLEX PLAN OPTION 3
ENHANCED
DENTAL PLAN**

Drugs:

80% co-insurance (Oral contraception, the contraceptive patch, Nuva Ring (\$178 maximum), Depo-Provera, Mirena, Kyleena and Jaydess IUD. Hormones and substitutes)

70% co-insurance for all other eligible medication

\$8 dispensing fee max

Maximum: \$3,000

Dental:

Maximum: \$1,000

100% of exam and consultation, cleaning and one unit of polishing
90% of fillings, extractions and oral surgery
90% of wisdom tooth extraction
90% of endodontic/periodontics
90% major oral surgery

*Additional discounts are available through the Dental Network. Please visit www.wespeakstudent.com for more information.

Extended Health Care:

Vision: 100% coverage up to \$80 for a general eye exam and \$160 for prescribed lenses and frames and/or contact lenses every 24 consecutive months

Paramedical Practitioners:

70% per treatment up to \$650 per policy year. Please refer to the insurance website or booklet for eligible practitioners
70% up to \$1,000 for combined services of a psychotherapist or clinical psychologist (including RSW and MSW social workers).

AD&D and Travel Insurance Benefits

**FLEX PLAN OPTION 4
ENHANCED
EXTENDED HEALTH CARE PLAN**

Drugs:

80% co-insurance (Oral contraception, the contraceptive patch, Nuva Ring (\$178 maximum), Depo-Provera, Mirena, Kyleena and Jaydess IUD. Hormones and substitutes)

70% co-insurance for all other eligible medication

\$8 dispensing fee max

Maximum: \$3,000

Dental:

Maximum: \$500

80% of exam and consultation, cleaning and one unit of polishing
70% of fillings, extractions and oral surgery
70% of wisdom tooth extraction
70% of endodontic/periodontics
70% major oral surgery

*Additional discounts are available through the Dental Network. Please visit www.wespeakstudent.com for more information.

Extended Health Care:

Vision: 100% coverage up for a general eye exam and \$250 for prescribed lenses and frames and/or contact lenses every 24 consecutive months

Paramedical Practitioners:

90% per treatment up to \$1,150 per policy year. Please refer to the insurance website or booklet for eligible practitioners
90% up to \$1,000 for combined services of a psychotherapist or clinical psychologist (including RSW and MSW social workers).

AD&D and Travel Insurance Benefits

IMPORTANT NOTICE - PLEASE READ CAREFULLY

- **In the event of an injury or sickness, your prior medical history may be reviewed when a claim is reported.**

Insurance is provided to full-time non-Canadian students, under age 65, who hold an International Student Visa and are registered in and attending classes at a recognized institution learning within Canada, and their accompanying spouse and dependent children insured under the policy, who do not qualify for any Canadian federal and/or provincial health and hospitalization insurance plan.

“Dependent Child” means any natural child, step-child, or legally adopted child of the student, who receives support and maintenance from the student and is; (a) under 21 years of age and unmarried; or (b) 21 years of age but less than 26 years of age, unmarried, and is a full-time student in Canada; or (c) mentally or physically infirm. This shall also include a child of the student’s spouse who lives with the student in a parent-child relationship.

“Spouse” means a person who is under the age of 65 and; (a) to whom the student is legally married; or (b) to whom the student is married by a marriage that is voidable and has not been declared null and void; or (c) with whom the student has continuously cohabited and who has been publicly represented as the student’s spouse for a minimum of 12 months immediately before a loss is incurred under the policy. Only one individual will qualify as a spouse. If the student is legally married but is also cohabiting with an individual as described under (b) or (c) above, the student may elect in writing which one of the individuals will qualify as a spouse under the policy. This election must be filed with the Policyholder. The Company will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the student is legally married.

Whenever a reference to the masculine gender appears it will also be construed to include the feminine gender.

FAMILY OPT IN (DEPENDENT COVERAGE)

Dependent

A Member may elect the family plan at any time within 30 days of the effective date of insurance of the Member. The family plan will not be accepted if the Member does not exercise this option within the 30 day period.

EFFECTIVE DATE OF INSURANCE OF AN INSURED

Each person who is eligible for insurance under the policy shall become an insured on the later of:

- A. With respect to the student:
 - a) the effective date of the policy;
 - b) the date he becomes an eligible person, as specified.
- B. With respect to an insured Spouse and/or insured Dependent Child:
 - a) coincident with the effective date of the student's insurance. Any future Dependent Children are automatically insured under the family plan coverage.

A student who is disabled on the effective date of coverage will only become eligible on the date he is attending classes on a full-time basis. Spouses and Dependent Children who are hospitalized on their effective date of coverage will only become eligible on the date they are released from the hospital.

Early Arrival: Insurance shall commence 30 days prior to the effective date stated on the application on file with the Administrator, provided premium has been paid, if the Insured Person arrives prior to such effective date.

TERMINATION OF INSURANCE OF AN INSURED

- A. Coverage will immediately terminate on the earliest of:
 - a) With respect to the student:
 - b) the policy termination date;
 - c) the premium due date if the Policyholder fails to pay a student's premium, except as a result of an inadvertent error;
 - d) attainment of age 65;
 - e) the date a student is ineligible for coverage;
 - f) the date a student becomes eligible under a Canadian federal/provincial health plan or other group insurance plan;
 - g) the date a student returns to his country of origin;
 - h) the date a student withdraws from classes with the Policyholder;
 - i) the date he becomes an eligible person, as specified.
- B. With respect to an insured Spouse and/or insured Dependent Child:
 - a) the date such person becomes ineligible for coverage;
 - b) the date a student's insurance is terminated;
 - c) the date such person becomes eligible under a Canadian federal/provincial health plan or other group insurance plan.

OHIP ALTERNATIVE BENEFIT

IMPORTANT NOTE: Expenses for scheduled confinement in hospital or scheduled surgery, including outpatient surgery, must be submitted to the Company for approval three days in advance of the date of admission. Failure to submit such notification within the prescribed period of time will limit coverage to 70% of all expenses incurred, to an overall maximum of \$10,000.

COVERAGE

Health Coverage during the period of time the student attends classes in Canada.

MAXIMUM LIMIT OF INDEMNITY

\$2,000,000 lifetime maximum.

MEDICAL REIMBURSEMENT EXPENSES

If injury or sickness, results in medically necessary treatment, the Company will reimburse reasonable and necessary charges for services or supplies as provided under the Provincial Health Insurance Plan Schedule of Benefits in effect, in accordance with the following:

- a) hospital charges, subject to 100% of the daily standard ward accommodation rate currently charged by the hospital in the province or territory of Residence;
- b) If in-patient hospitalization is required for psychiatric treatment, benefits are payable up to a lifetime maximum of \$50,000.00;
- c) Hospitalization for any condition related to the Human Immunodeficiency Virus (HIV) is not covered if the insured's positive HIV test was known by anyone prior to the effective date of insurance, otherwise, coverage is limited to a one-time hospitalization maximum of 72 hours;
- d) expenses incurred for blood plasma and whole blood, including the administration thereof;
- e) expenses incurred for x-rays and laboratory examinations which are required for diagnostic purposes;
- f) expenses incurred for MRI scan, when recommended by a Physician, up to a maximum of \$2,500.00 per policy year;
- g) expenses for medical care and treatment rendered or surgical procedure performed by a Physician, subject to the current Fee Guide published by the Medical Association in the province or territory of the Insured Person's Residence;
- h) expenses for the services of a licensed anaesthetist, when recommended by a Physician, subject to the health insurance plan schedule of fees published by the province or territory of the Insured Person's Residence;
- i) expenses for specific dental procedures if performed in an operating room by a dental surgeon appointed to the dental staff of the Hospital.

The Company will also reimburse the reasonable and necessary charges for services or supplies received by the Insured Person in accordance with the following:

- a) expenses for an annual health examination;

- b) expenses for well-baby care, for a period of six months after the birth of an Insured Dependent Child;
- c) expenses for serums, vaccines, anti-toxins, injections for immunizing against disease or poisons and administration thereof, not to exceed \$150.00 per Insured Person per policy year, which includes multiple injections of the same serum or vaccine if require to be administered in stages as covered by the provincial health insurance plan. Vaccines required for traveling are excluded.

CLEFT LIP AND PALATE ASSISTANCE PROGRAM

The Company will pay the expenses actually incurred for specialized dental treatment for covered dependent children with cleft lip and palate.

MATERNITY EXPENSE INDEMNITY

In the event of pregnancy or childbirth, the Company will reimburse expenses actually incurred for pregnancy, childbirth, miscarriage, complications and maternity, including pre-post natal costs, provided that family coverage had been in force with respect to the claimant for the entire term of the pregnancy, or that the onset of pregnancy occurs up to 30 days prior to the effective date of coverage, or when the insured's coverage is in effect as of the inception date of the policy, subject to a lifetime maximum of \$25,000.00.

ONCOLOGY TREATMENT

Charges for oncology treatments as an in-patient or out-patient are covered up to a lifetime maximum of \$50,000.00.

REPATRIATION BENEFIT (\$20,000)

If Injury or Sickness results in the loss of life of an Insured Person, the Company will pay the reasonable and necessary expenses actually incurred for the transportation of the body to the city of Residence in Canada or the Country of Origin, including the preparation of the body for such transportation, subject to a maximum of \$15,000.00 or up to \$5,000.00 for cremation or burial of the remains at the place of death. The cost of a casket or urn is excluded.

Benefits payable under this part shall be limited to only one part of this policy in the event this benefit is contained in two or more parts of this policy.

RETURN HOME BENEFIT (\$20,000)

If Injury or Sickness totally incapacitates an Insured Person, the Company will pay the reasonable and necessary expenses actually incurred for returning the Insured Person by the appropriate means of transportation to his city of Residence in the Country of Origin. All travel arrangements must be approved by the Company prior to departure and are limited to a maximum of \$10,000.00.

Notwithstanding the above, the Company reserves the right, as reasonably required and at the Company's expense, to transfer the Insured Person to any Hospital in the Country of Origin following an Injury or Sickness, subject to the maximum amount noted above.

SELF-INFLICTED INJURIES, AND ATTEMPTED SUICIDE

Charges for the following will be payable subject to a lifetime maximum of \$10,000.00 per insured:

- a) in-patient and out-patient hospital services (including emergency room charges);
- b) psychiatry services;
- c) nursing and home support (including assessment charges);
- d) out-patient treatment programs which would be provided under the Provincial Health Insurance Plan.

PRE-EXISTING CONDITIONS

The policy will not pay for expenses resulting from any condition for which an insured received medical advice, consultation or treatment within 90 days prior to the commencement of insurance, with the exception of a chronic condition which is under treatment and stabilized by the regular use of prescribed medication, and there has been no change in the medical condition for a minimum of 90 days.

Grandfathering Clause: Notwithstanding the above, an insured who is covered under the existing policy in the 12 month period prior to the effective date of this policy will be covered for a pre-existing condition under treatment and stabilized by the regular use of prescribed medication, inclusive of changes in medication, dosage or usage as prescribed, so long as the medical condition is the same for which the insured was receiving treatment.

WHEN DOES THIS INSURANCE NOT APPLY?

The plan does not cover loss, fatal or non-fatal, caused by or resulting from: declared or undeclared war or any act thereof;

- A. any loss as the sole result of the utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined;
 - a) active full-time service in the armed forces of any country;
 - b) suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane, except as provided;
 - c) the commission or the attempt to commit a criminal act by the insured;
 - d) alcohol related illness or disease as a result of alcoholism or excessive consumption of alcohol;
 - e) bodily injury as a result of alcoholism, or regular or long term excessive consumption of alcohol;
 - f) drug related illness or disease as a result of drug addiction or excessive use of drugs;
 - g) bodily injury as a result of drug addiction, or regular or long term excessive use of drugs;
 - h) participation in professional sports, bodily contact sports, acrobatic or stunt flying, hang gliding, parachuting, skydiving, parasailing, rock climbing, mountain climbing, bungee jumping, scuba diving, or motorized speed contests;

- B. The policy does not cover any of the following supplies or services or costs thereof:
- a) expenses eligible under any government/group hospital, medical, dental or health care plan, or expenses for which insurance is prohibited by law;
 - b) prescription drugs;
 - c) hospital visits solely for the administration of drugs;
 - d) private duty nursing;
 - e) medical examinations for the use of a third party, including immigration medical check-ups, experimental drugs, preventative medicines;
 - f) medical examinations specifically for: (i) an application for insurance (or continuance thereof), (ii) an application for a school, camp, association, club, group or program (admission to or continuance at), (iii) an application for employment (or continuance thereof), and (iv) legal requirements or proceedings. Except if mandatory for co-operative and/or internship programs;
 - g) group examinations, immunizations or inoculations, and examinations for screening, survey or research purposes;
 - h) cosmetic surgery, unless medically necessary as a result of an accident;
 - i) charges for any experimental medical treatments;
 - j) services for which no charge would ordinarily be made if there was no insurance coverage;
 - k) hearing aid;
 - l) acupuncture procedures;
 - m) contraceptive devices of any form;
 - n) treatments and consultations related to infertility;
 - o) any elective treatments or surgeries;
 - p) pre-natal classes;
 - q) laboratory or clinical pathology, other than as provided;
 - r) expenses incurred for eyeglasses and contact lenses, or prescriptions therefor;
 - s) expenses incurred for dental treatment, nor the cost of replacement or repair of artificial teeth, dentures or dental appliances, other than as provided;
 - t) travelling time or mileage; and court testimony, preparation of records, reports, certificates or communications.

INDEMNITY PAYMENTS

OHIP ALTERNATIVE

MEDICAL INSURANCE

Unless otherwise indicated, all benefits will be paid to or at the direction of the student. Accrued benefits, if any, unpaid at the time of the student's death will be paid to his estate.

SECTION I - BALANCED PLAN

PRESCRIPTION DRUG COVERAGE

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 90% or 80% of the reasonable and customary charges incurred, to a maximum of \$5,000.00 per Insured, per policy year:

90% coverage for

- a) Oral contraception, the contraceptive patch, Nuva Ring (\$178 maximum), Depo-Provera, Mirena, Kyleena and Jaydess IUD. Hormones and substitutes.

80% coverage for

- a) most prescription drugs or medicines;
- b) insulin injectibles;
- c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, (pseudo din #910333 must be used for all diabetic supplies);
- d) gardasil vaccine;
- e) allergy serums;
- f) Accutane.

Please visit our website www.wespeakstudent.com for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

The maximum amount allowed for a dispensing fee is \$8.00 any amount charged over and above will be payable by the student.

EXCLUSIONS

- a) over-the-counter products, or medicines available without a prescription;
- b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
- c) anti-smoking remedies (nicorette gum, patches or similar products);
- d) contraceptives, other than noted above;
- e) products and injections for the treatment of obesity;
- f) infant formula, dietary foods and aids; salt and sugar substitutes;
- g) first-aid and surgical supplies; atomizers, vaporizers;
- h) drugs which are experimental in nature; diagnostic aids and laboratory tests;
- i) sclerosing agents; preventative vaccines other than Gardasil;
- j) all acne preparations excluding Accutane.

SECTION I - BALANCED PLAN

DENTAL BENEFIT COVERAGE

MAXIMUM COVERAGE

During each policy year, the maximum coverage per Insured is \$750.00. Reimbursement is considered according to the Ontario Dental Association's Suggested Fee Guide for General Practitioners.

*Additional discounts are available through the Dental Network.
Please visit www.wespeakstudent.com for more information.

BASIC AND PREVENTIVE SERVICES

80% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

ELIGIBLE EXAMS

- a) complete oral examinations
- b) recall oral examinations
- c) emergency or specific oral examinations
- d) consultation

ELIGIBLE X-RAYS

- a) full mouth series, maximum of 16 films in any 36 consecutive months
- b) panorex (one in any 36 consecutive months)
- c) periapical (no more than 16 films in any 36 consecutive months)
- d) bitewing (no more than 4 films in 12 consecutive months)
- e) occlusal (no more than 4 films in 12 consecutive months)

80% of one cleaning and one unit of polishing; includes up to 5 units of scaling (above the gum line).

Fluoride treatments will be limited to one per policy year.

MINOR RESTORATIVE SERVICES

80% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers per policy year.

80% of the cost of mouth guards once every 12 months.

Please note the following information:

- **space maintainers only applicable to dependents under 15 years of age**
- **tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration**
- **multiple restorations on a common surface placed on the same service date will be considered a single restoration**
- **maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting**

EXTRACTIONS AND ORAL SURGERY

80% coverage of extractions and residual root removal, per policy year.

THE SERVICES LISTED BELOW ARE COVERED AT 80%

Endodontics - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow-up care:

- a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
- b) root canal therapy
- c) apexification
- d) periapical services
- e) root amputation
- f) hemisection
- g) intentional removal, apical filling and reimplantation

Periodontics

- a) non-surgical procedures
- b) definitive surgical procedures
- c) adjunctive surgical procedures
- d) occlusal equilibration
- e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
- f) periodontal appliance repair, maintenance and adjustment (no more than four units in any policy year)

Major Restorative (crowns/bridges/dentures)

Covered at 80%

Most of the services listed below will be replaced only if the existing appliance is at least 5 years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

- a) Crowns (only if more than 5 years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.
- b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and 3 months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
- c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

EXCLUSIONS

- a) services not included in the list of defined eligible services (e.g. temporary fillings);
- b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- c) cosmetic surgery or treatment when classified as such by the Company;
- d) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

SECTION I - BALANCED PLAN

EXTENDED HEALTH CARE COVERAGE

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

ELIGIBLE EXPENSES (IN PROVINCE)

ClaimSecure will pay 100% of Vision Care eligible expenses and 80% of all other eligible expenses, unless otherwise indicated. The following are eligible expenses provided by licensed practitioners in the province the expense is incurred in.

AMBULANCE

- a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
- b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

PARAMEDICAL PRACTITIONERS

80% coverage per visit to a maximum of \$1,000.00 for the policy year for each type of practitioner listed below:

- a) services of a chiropractor;
- b) services of a naturopath;
- c) combined services of a chiropodist or podiatrist;
- d) services of an osteopath
- e) services of a physiotherapist;
- f) services of a speech therapist;
- g) services of a massage therapist, if recommended by a physician;
- h) services of an athletic therapist, if recommended by a physician;
- i) combined services of a dietitian and/or nutritionist;
- j) services of an acupuncturist: Practitioners must be registered with: Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

80% coverage to a maximum of \$1,000.00 for:

- a) combined services of a psychotherapist or clinical psychologist (including RSW and MSW social workers).

ORTHOPEDIC SUPPLIES

Charges for molded arch supports, orthopedic supplies subject to a maximum of \$300.00 per Insured per policy year and custom made orthopedic shoes are covered up to a maximum of \$150.00 per Insured per policy year, if recommended by a physician, podiatrist or chiropodist;

- **Orthopedic supplies as noted above must be dispensed by one of the following providers: othotist, pedorthist, podiatrist or chiropodist.**
- **Orthopedic supplies must be dispensed by a different provider than the prescriber.**
- **Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.**

*When submitting your claim be sure to include the following: Your major medical expense claim form, referral pre-dating treatment, original paid in full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

PROSTHETIC APPLIANCES

- a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
- b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
- c) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of \$200.00 per individual each policy year;
- d) 80% coverage for charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary.

MEDICAL SUPPLIES

Charges for compound serums, colostomy supplies, compression stockings, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

EQUIPMENT RENTAL

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of \$250.00.

HEARING CARE

Charges for hearing aids, repairs or replacement parts, if recommended or approved by the attending legally qualified medical practitioner, to a maximum of \$500 every 4 years based on date of first claim. No amount will be paid for batteries.

OTHER ELIGIBLE EXPENSES

- a) Charges for oxygen, blood or blood products and the equipment required for its administration;
- b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
- c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

VISION CARE

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

- a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim, to a maximum of \$100.00 plus (b) or (c) below;
- b) standard eye glass lenses and frames (single vision or bifocal as required) or contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of \$200.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
- c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of \$200.00 for one complete set of lenses for any Insured, in any 24 consecutive months based on date of first paid claim. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

LIMITATIONS AND EXCLUSIONS

- a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
- b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
- c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
- d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
- f) medical treatment which is experimental or investigational in nature;
- g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- h) services, treatment or supplies not included in this benefit;
- i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by George Brown College;
- k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

SECTION II - ENHANCED DRUG PLAN

PRESCRIPTION DRUG COVERAGE

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 90% of the reasonable and customary charges incurred, to a maximum of \$6,500.00 per Insured, per policy year:

- a) most prescription drugs or medicines;
- b) insulin injectibles;
- c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, (pseudo din #910333 must be used for all diabetic supplies);
- d) gardasil vaccine;
- e) allergy serums;
- f) Accutane;
- g) Oral contraception, the contraceptive patch, Nuva Ring (\$178 maximum), Depo-Provera, Mirena, Kyleena and Jaydess IUD. Hormones and substitutes.

Please visit our website www.wespeakstudent.com for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

EXCLUSIONS

- a) over-the-counter products, or medicines available without a prescription;
- b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
- c) anti-smoking remedies (nicorette gum, patches or similar products);
- d) contraceptives, other than noted above; oral vitamins; injectible vitamins that are non-prescription;
- e) products and injections for the treatment of obesity;
- f) infant formula, dietary foods and aids; salt and sugar substitutes;
- g) first-aid and surgical supplies; atomizers, vaporizers;
- h) drugs which are experimental in nature; diagnostic aids and laboratory tests;
- i) sclerosing agents; preventative vaccines other than Gardasil;
- j) all acne preparations excluding Accutane.

SECTION II - ENHANCED DRUG PLAN

DENTAL BENEFIT COVERAGE

MAXIMUM COVERAGE

During each policy year, the maximum coverage per Insured is \$500.00. Reimbursement is considered according to the Ontario Dental Association's Suggested Fee Guide for General Practitioners.

*Additional discounts are available through the Dental Network.
Please visit www.wespeakstudent.com for more information.

BASIC AND PREVENTIVE SERVICES

80% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

ELIGIBLE EXAMS

- a) complete oral examinations
- b) recall oral examinations
- c) emergency or specific oral examinations
- d) consultation

ELIGIBLE X-RAYS

- a) full mouth series, maximum of 16 films in any 36 consecutive months
- b) panorex (one in any 36 consecutive months)
- c) periapical (no more than 16 films in any 36 consecutive months)
- d) bitewing (no more than 4 films in 12 consecutive months)
- e) occlusal (no more than 4 films in 12 consecutive months)

80% of one cleaning and one unit of polishing; includes up to 5 units of scaling (above the gum line).

Fluoride treatments will be limited to one per policy year.

MINOR RESTORATIVE SERVICES

70% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers per policy year.

70% of the cost of mouth guards once every 12 months.

Please note the following information:

- **space maintainers only applicable to dependents under 15 years of age**
- **tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration**
- **multiple restorations on a common surface placed on the same service date will be considered a single restoration**
- **maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting**

EXTRACTIONS AND ORAL SURGERY

70% coverage of extractions and residual root removal, per policy year.

THE SERVICES LISTED BELOW ARE COVERED AT 70%

Endodontics - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow-up care:

- a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
- b) root canal therapy
- c) apexification
- d) periapical services
- e) root amputation
- f) hemisection
- g) intentional removal, apical filling and reimplantation

Periodontics

- a) non-surgical procedures
- b) definitive surgical procedures
- c) adjunctive surgical procedures
- d) occlusal equilibration
- e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
- f) periodontal appliance repair, maintenance and adjustment (no more than four units in any policy year)

Major Restorative (crowns/bridges/dentures)

Covered at 70%

Most of the services listed below will be replaced only if the existing appliance is at least 5 years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

- a) Crowns (only if more than 5 years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.
- b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and 3 months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
- c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

EXCLUSIONS

- a) services not included in the list of defined eligible services (e.g. temporary fillings);
- b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- c) cosmetic surgery or treatment when classified as such by the Company;
- d) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

SECTION II - ENHANCED DRUG PLAN

EXTENDED HEALTH CARE COVERAGE

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

ELIGIBLE EXPENSES (IN PROVINCE)

ClaimSecure will pay 100% of Vision Care eligible expenses and 80% of all other eligible expenses, unless otherwise indicated. The following are eligible expenses provided by licensed practitioners in the province the expense is incurred in.

AMBULANCE

- a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
- b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

PARAMEDICAL PRACTITIONERS

80% coverage per visit to a maximum of \$800.00 for the policy year for each type of practitioner listed below:

- a) services of a chiropractor;
- b) services of a naturopath;
- c) combined services of a chiropodist or podiatrist;
- d) services of an osteopath
- e) services of a physiotherapist;
- f) services of a speech therapist;
- g) services of a massage therapist, if recommended by a physician;
- h) services of an athletic therapist, if recommended by a physician;
- i) combined services of a dietitian and/or nutritionist;
- j) services of an acupuncturist: Practitioners must be registered with: Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

80% coverage to a maximum of \$1,000.00 for:

- a) combined services of a psychotherapist or clinical psychologist (including RSW and MSW social workers).

ORTHOPEDIC SUPPLIES

Charges for molded arch supports, orthopedic supplies subject to a maximum of \$300.00 per Insured per policy year and custom made orthopedic shoes are covered up to a maximum of \$150.00 per Insured per policy year, if recommended by a physician, podiatrist or chiropodist;

- **Orthopedic supplies as noted above must be dispensed by one of the following providers: othotist, pedorthist, podiatrist or chiropodist.**
- **Orthopedic supplies must be dispensed by a different provider than the prescriber.**
- **Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.**

*When submitting your claim be sure to include the following: Your major medical expense claim form, referral pre-dating treatment, original paid in full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

PROSTHETIC APPLIANCES

- a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
- b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
- c) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of \$200.00 per individual each policy year;
- d) 80% coverage for charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary.

MEDICAL SUPPLIES

Charges for compound serums, colostomy supplies, compression stockings, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

EQUIPMENT RENTAL

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of \$250.00.

HEARING CARE

Charges for hearing aids, repairs or replacement parts, if recommended or approved by the attending legally qualified medical practitioner, to a maximum of \$500 every 4 years based on date of first claim. No amount will be paid for batteries.

OTHER ELIGIBLE EXPENSES

- a) Charges for oxygen, blood or blood products and the equipment required for its administration;
- b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
- c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

VISION CARE

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

- a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim, to a maximum of \$80.00 plus (b) or (c) below;
- b) standard eye glass lenses and frames (single vision or bifocal as required) or contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of \$160.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
- c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of \$160.00 for one complete set of lenses for any Insured, in any 24 consecutive months based on date of first paid claim. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

LIMITATIONS AND EXCLUSIONS

- a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
- b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
- c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
- d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
- f) medical treatment which is experimental or investigational in nature;
- g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- h) services, treatment or supplies not included in this benefit;
- i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by George Brown College;
- k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

SECTION III - ENHANCED DENTAL PLAN

PRESCRIPTION DRUG COVERAGE

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 80% or 70% of the reasonable and customary charges incurred, to a maximum of \$3,000.00 per Insured, per policy year:

80% coverage for

- a) Oral contraception, the contraceptive patch, Nuva Ring (\$178 maximum), Depo-Provera, Mirena, Kyleena and Jaydess IUD. Hormones and substitutes.

70% coverage for

- a) most prescription drugs or medicines;
- b) insulin injectibles;
- c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, (pseudo din #910333 must be used for all diabetic supplies);
- d) gardasil vaccine;
- e) allergy serums;
- f) Accutane.

Please visit our website www.wespeakstudent.com for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

The maximum amount allowed for a dispensing fee is \$8.00 any amount charged over and above will be payable by the student.

EXCLUSIONS

- a) over-the-counter products, or medicines available without a prescription;
- b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
- c) anti-smoking remedies (nicorette gum, patches or similar products);
- d) contraceptives, other than noted above; oral vitamins; injectible vitamins that are non-prescription;
- e) products and injections for the treatment of obesity;
- f) infant formula, dietary foods and aids; salt and sugar substitutes;
- g) first-aid and surgical supplies; atomizers, vaporizers;
- h) drugs which are experimental in nature; diagnostic aids and laboratory tests;
- i) sclerosing agents; preventative vaccines other than Gardasil;
- j) all acne preparations excluding Accutane.

SECTION III - ENHANCED DENTAL PLAN

DENTAL BENEFIT COVERAGE

MAXIMUM COVERAGE

During each policy year, the maximum coverage per Insured is \$1,000.00. Reimbursement is considered according to the Ontario Dental Association's Suggested Fee Guide for General Practitioners.

*Additional discounts are available through the Dental Network.
Please visit www.wespeakstudent.com for more information.

BASIC AND PREVENTIVE SERVICES

100% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

ELIGIBLE EXAMS

- a) complete oral examinations
- b) recall oral examinations
- c) emergency or specific oral examinations
- d) consultation

ELIGIBLE X-RAYS

- a) full mouth series, maximum of 16 films in any 36 consecutive months
- b) panorex (one in any 36 consecutive months)
- c) periapical (no more than 16 films in any 36 consecutive months)
- d) bitewing (no more than 4 films in 12 consecutive months)
- e) occlusal (no more than 4 films in 12 consecutive months)

100% of one cleaning and one unit of polishing; includes up to 5 units of scaling (above the gum line).

Fluoride treatments will be limited to one per policy year.

MINOR RESTORATIVE SERVICES

90% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers per policy year.

90% of the cost of mouth guards once every 12 months.

Please note the following information:

- **space maintainers only applicable to dependents under 15 years of age**
- **tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration**
- **multiple restorations on a common surface placed on the same service date will be considered a single restoration**
- **maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting**

EXTRACTIONS AND ORAL SURGERY

90% coverage of extractions and residual root removal, per policy year.

THE SERVICES LISTED BELOW ARE COVERED AT 90%

Endodontics - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow-up care:

- a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
- b) root canal therapy
- c) apexification
- d) periapical services
- e) root amputation
- f) hemisection
- g) intentional removal, apical filling and reimplantation

Periodontics

- a) non-surgical procedures
- b) definitive surgical procedures
- c) adjunctive surgical procedures
- d) occlusal equilibration
- e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
- f) periodontal appliance repair, maintenance and adjustment (no more than four units in any policy year)

Major Restorative (crowns/bridges/dentures)

Covered at 90%

Most of the services listed below will be replaced only if the existing appliance is at least 5 years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

- a) Crowns (only if more than 5 years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.
- b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and 3 months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
- c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

EXCLUSIONS

- a) services not included in the list of defined eligible services (e.g. temporary fillings);
- b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- c) cosmetic surgery or treatment when classified as such by the Company;
- d) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

SECTION III - ENHANCED DENTAL PLAN

EXTENDED HEALTH CARE COVERAGE

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

ELIGIBLE EXPENSES (IN PROVINCE)

ClaimSecure will pay 100% of Vision Care eligible expenses and 80% of all other eligible expenses, unless otherwise indicated. The following are eligible expenses provided by licensed practitioners in the province the expense is incurred in.

AMBULANCE

- a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
- b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

PARAMEDICAL PRACTITIONERS

70% coverage per visit to a maximum of \$650.00 for the policy year for each type of practitioner listed below:

- a) services of a chiropractor;
- b) services of a naturopath;
- c) combined services of a chiropodist or podiatrist;
- d) services of an osteopath
- e) services of a physiotherapist;
- f) services of a speech therapist;
- g) services of a massage therapist, if recommended by a physician;
- h) services of an athletic therapist, if recommended by a physician;
- i) combined services of a dietitian and/or nutritionist;
- j) services of an acupuncturist: Practitioners must be registered with: Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

70% coverage to a maximum of \$1,000.00 each policy year for:

- a) combined services of a psychotherapist or clinical psychologist (including RSW and MSW social workers).

ORTHOPEDIC SUPPLIES

Charges for molded arch supports, orthopedic supplies subject to a maximum of \$300.00 per Insured per policy year and custom made orthopedic shoes are covered up to a maximum of \$150.00 per Insured per policy year, if recommended by a physician, podiatrist or chiropodist;

- **Orthopedic supplies as noted above must be dispensed by one of the following providers: othotist, pedorthist, podiatrist or chiropodist.**
- **Orthopedic supplies must be dispensed by a different provider than the prescriber.**
- **Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.**

*When submitting your claim be sure to include the following: Your major medical expense claim form, referral pre-dating treatment, original paid in full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

PROSTHETIC APPLIANCES

- a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
- b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
- c) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of \$200.00 per individual each policy year;
- d) 80% coverage for charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary.

MEDICAL SUPPLIES

Charges for compound serums, colostomy supplies, compression stockings, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

EQUIPMENT RENTAL

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of \$250.00.

HEARING CARE

Charges for hearing aids, repairs or replacement parts, if recommended or approved by the attending legally qualified medical practitioner, to a maximum of \$500 every 4 years based on date of first claim. No amount will be paid for batteries.

OTHER ELIGIBLE EXPENSES

- a) Charges for oxygen, blood or blood products and the equipment required for its administration;
- b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
- c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

VISION CARE

If an Insured incurs expenses for vision care, the Company will pay reasonable and customary charges for:

- a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim, to a maximum of \$80.00 plus (b) or (c) below;
- b) standard eye glass lenses and frames (single vision or bifocal as required) or contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of \$160.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
- c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of \$160.00 for one complete set of lenses for any Insured, in any 24 consecutive months based on date of first paid claim. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

LIMITATIONS AND EXCLUSIONS

- a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
- b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
- c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
- d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
- f) medical treatment which is experimental or investigational in nature;
- g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- h) services, treatment or supplies not included in this benefit;
- i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by George Brown College;
- k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

SECTION IV - ENHANCED EXTENDED HEALTH CARE PLAN

PRESCRIPTION DRUG COVERAGE

If an Insured requires drugs or medicines and such drugs or medicines are prescribed by a physician, and purchased by the Insured for use during the term of the policy, subject to a dispensing maximum of a 90-day supply, the Company will reimburse 80% or 70% of the reasonable and customary charges incurred, to a maximum of \$3,000.00 per Insured, per policy year:

80% coverage for

- a) Oral contraception, the contraceptive patch, Nuva Ring (\$178 maximum) Depo-Provera, Mirena, Kyleena and Jaydess IUD. Hormones and substitutes.

70% coverage for

- a) most prescription drugs or medicines;
- b) insulin injectibles;
- c) insulin supplies which include syringes, needles and diagnostic test strips, including glucometers, alcohol swabs and lancets, (pseudo din #910333 must be used for all diabetic supplies);
- d) gardasil vaccine;
- e) allergy serums;
- f) Accutane.

Please visit our website www.wespeakstudent.com for more details on our prescription plan partners.

Reimbursement will be made for the lowest priced substitutable drug, as provided for in the Provincial Drug Benefit Formulary.

The maximum amount allowed for a dispensing fee is \$8.00 any amount charged over and above will be payable by the student.

EXCLUSIONS

- a) over-the-counter products, or medicines available without a prescription;
- b) fertility drugs; erectile dysfunction drugs; male pattern baldness remedies;
- c) anti-smoking remedies (nicorette gum, patches or similar products);
- d) contraceptives, other than noted above;
- e) products and injections for the treatment of obesity;
- f) infant formula, dietary foods and aids; salt and sugar substitutes;
- g) first-aid and surgical supplies; atomizers, vaporizers;
- h) drugs which are experimental in nature; diagnostic aids and laboratory tests;
- i) sclerosing agents; preventative vaccines other than Gardasil;
- j) all acne preparations excluding Accutane.

SECTION IV - ENHANCED EXTENDED HEALTH CARE PLAN

DENTAL BENEFIT COVERAGE

MAXIMUM COVERAGE

During each policy year, the maximum coverage per Insured is \$500.00. Reimbursement is considered according to the Ontario Dental Association's Suggested Fee Guide for General Practitioners.

*Additional discounts are available through the Dental Network.
Please visit www.wespeakstudent.com for more information.

BASIC AND PREVENTIVE SERVICES

80% of one examination and consultation, including any necessary x-rays and diagnostic services at time of exam, during each policy year.

ELIGIBLE EXAMS

- a) complete oral examinations
- b) recall oral examinations
- c) emergency or specific oral examinations
- d) consultation

ELIGIBLE X-RAYS

- a) full mouth series, maximum of 16 films in any 36 consecutive months
- b) panorex (one in any 36 consecutive months)
- c) periapical (no more than 16 films in any 36 consecutive months)
- d) bitewing (no more than 4 films in 12 consecutive months)
- e) occlusal (no more than 4 films in 12 consecutive months)

80% of one cleaning and one unit of polishing; includes up to 5 units of scaling (above the gum line).

Fluoride treatments will be limited to one per policy year.

MINOR RESTORATIVE SERVICES

70% of the cost of amalgam, silicate, composite or tooth-coloured fillings and space maintainers per policy year.

70% of the cost of mouth guards once every 12 months.

Please note the following information:

- **space maintainers only applicable to dependents under 15 years of age**
- **tooth-coloured fillings are covered provided no more than 24 consecutive months have elapsed since the last restoration**
- **multiple restorations on a common surface placed on the same service date will be considered a single restoration**
- **maximum benefit payable will not exceed the fee for a 5 surface restoration regarding the same tooth during one sitting**

EXTRACTIONS AND ORAL SURGERY

70% coverage of extractions and residual root removal, per policy year.

THE SERVICES LISTED BELOW ARE COVERED AT 70%

Endodontics - will include, where applicable, treatment plan, local anaesthesia, tooth isolation, clinical procedures, sutures, appropriate radiographs (x-rays) and follow-up care:

- a) pulpotomy (not in conjunction with restoration of root canal therapy if rendered within 30 days)
- b) root canal therapy
- c) apexification
- d) periapical services
- e) root amputation
- f) hemisection
- g) intentional removal, apical filling and reimplantation

Periodontics

- a) non-surgical procedures
- b) definitive surgical procedures
- c) adjunctive surgical procedures
- d) occlusal equilibration
- e) periodontal appliances including impression and insertion (no more than one appliance per arch in any period of 24 consecutive months)
- f) periodontal appliance repair, maintenance and adjustment (no more than four units in any policy year)

Major Restorative (crowns/bridges/dentures)

Covered at 70%

Most of the services listed below will be replaced only if the existing appliance is at least 5 years old, if the appliance is temporary and being replaced with a permanent appliance within 12 months of the installation of the temporary appliance or if the appliance was necessary due to the extraction of one natural tooth.

- a) Crowns (only if more than 5 years have elapsed since the last placement) will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparations, pulp protection, impressions, temporary coverage, insertion, occlusal adjustments and cementation.
- b) Removable prosthodontics will include, where applicable, treatment plan, impressions, jaw relation records, try-in, insertion, occlusal equilibration and 3 months post-insertion care on complete dentures, transitional dentures, acrylic dentures and cast partial dentures.
- c) Fixed prosthodontics will include, where applicable, treatment plan, occlusal records, local anaesthesia, subgingival preparation of the tooth and supporting structures, removal of decay and old restoration, tooth preparation, pulp protection, impressions, temporary coverage, splinting, intraoral indexing for soldering purposes, insertion, occlusal adjustments and cementation on pontic, retainers and abutments.

EXCLUSIONS

- a) services not included in the list of defined eligible services (e.g. temporary fillings);
- b) completion of claim forms, advice by phone, or charges for missed or cancelled appointments;
- c) cosmetic surgery or treatment when classified as such by the Company;
- d) any dental treatment not yet approved by the Canadian Dental Association or which is clearly experimental in nature;

This is a summary of the benefits available under the Group Insurance Plan. Further details may be obtained from the plan provider.

SECTION IV - ENHANCED EXTENDED HEALTH CARE PLAN

EXTENDED HEALTH CARE COVERAGE

This benefit helps pay the cost of eligible medical expenses incurred by an Insured and their insured family members. An Insured will be reimbursed for eligible expenses not covered by the Provincial Medicare Plan, subject to the deductible, if any, and percentage reimbursed shown below. Payment will be made for those eligible expenses which are a) reasonable and medically necessary and b) incurred on the prior recommendation of a legally qualified physician except where otherwise indicated.

ELIGIBLE EXPENSES (IN PROVINCE)

ClaimSecure will pay 100% of Vision Care eligible expenses and 80% of all other eligible expenses, unless otherwise indicated. The following are eligible expenses provided by licensed practitioners in the province the expense is incurred in.

AMBULANCE

- a) A licensed ground ambulance when used to transport an Insured because of emergency or in-patient treatment i) from the place where the Insured suffers the sickness to the nearest hospital where adequate medical treatment is available, ii) from one hospital to another, or iii) from a hospital to the Insured's residence, when an Insured's condition warrants it.
- b) Emergency transportation by a licensed air ambulance to the nearest hospital where adequate treatment is available or to another hospital when certified as essential by the attending physician. If medically necessary, in flight services of a registered nurse and the return air fare for the registered nurse will be included.

PARAMEDICAL PRACTITIONERS

90% coverage up to a maximum of \$1,150.00 for the policy year for each type of practitioner listed below:

- a) services of a chiropractor;
- b) services of a naturopath;
- c) combined services of a chiropodist or podiatrist;
- d) services of an osteopath
- e) services of a physiotherapist;
- f) services of a speech therapist;
- g) services of a massage therapist, if recommended by a physician;
- h) services of an athletic therapist, if recommended by a physician;
- i) combined services of a dietitian and/or nutritionist;
- j) services of an acupuncturist: Practitioners must be registered with: Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

90% coverage to a maximum of \$1,000.00 for:

- a) combined services of a psychotherapist or clinical psychologist (including RSW and MSW social workers).

ORTHOPEDIC SUPPLIES

Charges for molded arch supports, orthopedic supplies subject to a maximum of \$300.00 per Insured per policy year and custom made orthopedic shoes are covered up to a maximum of \$150.00 per Insured per policy year, if recommended by a physician, podiatrist or chiropodist;

- **Orthopedic supplies as noted above must be dispensed by one of the following providers: othotist, pedorthist, podiatrist or chiropodist.**
- **Orthopedic supplies must be dispensed by a different provider than the prescriber.**
- **Orthopedic supplies prescribed or dispensed by a chiropractor are not eligible.**

*When submitting your claim be sure to include the following: Your major medical expense claim form, referral pre-dating treatment, original paid in full invoice, gait analysis or biomechanical exam, a description of the raw materials used in the construction of the orthotic.

PROSTHETIC APPLIANCES

- a) Charges for artificial limbs when the loss of the limb occurs while the individual is insured under this benefit, the cost of repair is also eligible; replacement is included when required due to physiological change, but excluding myoelectric appliances;
- b) Charges for artificial eyes including reimbursement for one polishing or one re-making of the artificial eye each policy year;
- c) Purchase of an external breast prosthesis when required because of a total or radical mastectomy that has been performed while the individual is insured under this benefit, including the purchase of 2 surgical brassieres, to a maximum of \$200.00 per individual each policy year;
- d) 80% coverage for charges for crutches, casts, splints, trusses and braces (does not include dental braces, or expense of a brace or similar device used for non therapeutic purposes or used solely for the purpose of participation in sports or other leisure activities, braces must have rigid or semi rigid materials in them), including replacements when medically necessary.

MEDICAL SUPPLIES

Charges for compound serums, colostomy supplies, compression stockings, injectable drugs and varicose vein injections, if medically necessary. Such drugs or supplies must be either administered by a physician or dentist or prescribed by a physician or dentist and dispensed by a pharmacist. However, any charges for their administration will not be included.

EQUIPMENT RENTAL

Charges for wheelchairs, walkers, hospital beds, traction kits which are rented for temporary therapeutic use. If, due to extended illness or disability, the need for these items will be long term, the Company, at its sole discretion, may approve the purchase of these items. Repair to a wheelchair will be included up to a lifetime maximum of \$250.00.

HEARING CARE

Charges for hearing aids, repairs or replacement parts, if recommended or approved by the attending legally qualified medical practitioner, to a maximum of \$500 every 4 years based on date of first claim. No amount will be paid for batteries.

OTHER ELIGIBLE EXPENSES

- a) Charges for oxygen, blood or blood products and the equipment required for its administration;
- b) Charges for treatment of a sickness by the use of radiotherapy or coagulotherapy;
- c) Charges for laboratory tests done in a commercial laboratory for diagnosis of a sickness but excluding any tests performed in a physician's office or a pharmacy.

VISION CARE

- a) one general optometric examination by an optometrist or ophthalmologist during any 24 consecutive months based on date of first paid claim plus (b) or (c) below;
- b) standard eye glass lenses and frames (single vision or bifocal as required) or contact lenses when prescribed by a physician or an optometrist, or replacement of existing eye glass lenses and frames to a maximum of \$250.00 in any consecutive 24 months based on date of first paid claim for one complete set of lenses and frames for any one Insured; or
- c) contact lenses when prescribed by a physician or optometrist for severe corneal astigmatism, severe corneal scarring, Keratoconus (Conical Cornea) or Aphakia, provided that visual acuity can be improved to at least 20/40 level with contact lenses, but cannot be improved to that level with regular glasses, up to a maximum of \$250.00 for one complete set of lenses for any Insured, in any 24 consecutive months based on date of first paid claim. Otherwise, contact lenses are subject to the same maximum as eye glasses and frames.

The Company shall not be liable for any expenses incurred for the provision of sunglasses, safety glasses or any form of eyeglasses provided for cosmetic or aesthetic purposes.

LIMITATIONS AND EXCLUSIONS

- a) expenses as a result of any injury or sickness caused by declared or undeclared war or any act thereof;
- b) expenses of any kind which would not normally be charged to the Insured provided by the policy were not in effect;
- c) expenses incurred from any injury or sickness sustained as a result of employment when the Insured is covered or eligible to receive benefits under the applicable Workplace Safety and Insurance Board's legislation or similar law;
- d) expenses as a result of suicide or any attempt thereat or intentionally self-inflicted injury, while sane or insane;
- e) cosmetic medical or surgical care, other than due to an accidental bodily injury sustained while the Insured is insured under this benefit;
- f) medical treatment which is experimental or investigational in nature;
- g) periodic health examinations, broken appointments, physician's costs for traveling or providing telephone advice, third-party examinations, completion of forms or medical reports, travel for health purposes;
- h) services, treatment or supplies not included in this benefit;
- i) expenses incurred from any injury or sickness as the result of active full-time service in the armed forces of any country;
- j) expenses for optical services rendered by a Physician, Licensed, Certified or Registered optician, Licensed, Certified or Registered optometrist or a Licensed, Certified or Registered ophthalmologist employed or engaged by George Brown College;
- k) expenses incurred by an Insured who is not covered under any Federal or Provincial Hospital or Medical Plan, or its equivalent.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

COVERAGE

Injury sustained during the period of time the student attends classes in Canada.

PRINCIPAL SUM

Student	\$ 50,000.00
Spouse	\$ 10,000.00
Each Dependent Child	\$ 2,500.00

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

The “loss” or “loss of use” must occur within 365 days of the date of the accident. These benefits are payable on a lump sum basis and in addition to any other benefits you may receive.

	% of Principal Sum
Life	100%
Both Hands or Both Feet	100%
Entire Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Entire Sight of One Eye	100%
One Foot and the Entire Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Arm or One Leg	75%
One Hand or One Foot	66 2/3%
Entire Sight of One Eye	66 2/3%
Speech or Hearing in both Ears	66 2/3%
Thumb and Index Finger of Either Hand	33 1/3%
Four Fingers of Either Hand	33 1/3%
Hearing in One Ear	33 1/3%
All Toes of One Foot	25%
Quadriplegia (total paralysis of all four limbs)	200%
Paraplegia (total paralysis of the lower limbs)	200%
Hemiplegia (total paralysis of one side of the body)	200%

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT (\$10,000)

If injury requires medical treatment within 30 days, the Company will pay for reasonable and customary expenses actually incurred for the following: (a) expenses for the services of a nurse; (b) transportation by a licensed ambulance service or, when recommended by a physician, by any other conveyance licensed to carry passengers for hire to or from the nearest hospital which is equipped to provide the required treatment; (c) hospital charges for the difference between the public ward allowance under the provincial hospital plan and the semi-private accommodation charge (private accommodation charge if recommended by a physician); (d) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary; (e) fees for the services of a licensed physiotherapist or certified athletic sports therapist, when recommended by a physician, subject to a maximum reimbursement of \$500.00 during any one policy year; (f) drugs and medicines which require the written prescription of a physician and are dispensed by a registered pharmacist or physician; (g) miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces and are subject to a maximum of \$750.00 during any one policy year; (h) fees for the services of a licensed chiropractor, subject to a maximum reimbursement of \$500.00 during any one policy year.

The plan is subject to and will not contravene any Federal or Provincial statutory requirement with respect to hospital and/or medical plans. Benefits will be reduced by any amount paid or payable under any other policy providing similar reimbursement expenses.

BEREAVEMENT BENEFIT (\$1,000)

If an injury results in loss of life of a student, the Company will pay the reasonable and necessary expenses actually incurred by the spouse and dependent children of the student for up to six sessions of grief counselling, by a professional counsellor.

DENTAL ACCIDENT (\$2,000)

When, as the result of Injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) and due to a forced or blow external to the mouth, the Insured Person requires treatment by a dentist or licensed, certified or registered oral surgeon, within 30 days from the date of the Accident, the Company will pay the reasonable and customary charges incurred by the Insured Person for such treatment or service within 365 days of the Accident. Payments under this benefit will be made in accordance with the current Fee Guide for General Practitioner's published by the Dental Association in the province or territory of the Insured Person's Residence in Canada or its equivalent, as determined by the Company, but in no event to exceed the maximum amount of \$2,000.00 as the result of any one Accident.

COSMETIC DISFIGUREMENT BENEFIT (\$25,000)

If an insured suffers a third degree burn, the Company will pay a percentage of the Principal Sum, depending on the area of the body which was burned according to the following table:

Body Part	Area Classification (A)	Maximum Allowable % for Area Burned (B)	Maximum % of Principal Sum Payable (C)
		%	%
Face, Neck, Head	11	9.0	99.0
Hand and Forearm	5	4.5	22.5
Either Upper Arm	3	4.5	13.5
Torso (front or back)	2	18.0	36.0
Either Thigh	1	9.0	9.0
Either Lower Leg (below knee)	3	9.0	27.0

The maximum percent of Principal Sum payable (C) is determined by multiplying the area classification (A) by the maximum allowable percent for Area Burned (B). In the event of a 50% surface burn, the maximum allowable percent for area burned (B) is reduced by 50%. This table only represents the maximum percent of the Principal Sum payable for any one accident. If the insured suffers burns in more than one area, as a result of any one accident, benefits will not exceed the maximum amount stated above.

DAY CARE BENEFIT (\$5,000)

If injury results in loss of life of a student, the Company will pay 5% of the principal sum for each year the dependent child is enrolled in a legally licensed day care (not to exceed four years) for each dependent child who is under 13 years of age and enrolled in a legally licensed day care centre on the date of, or within 12 months following the accident.

EDUCATION BENEFIT (\$10,000)

If injury results in loss of life of a student, the Company will pay 5% of the principal sum to any dependent child who, on the date of the accident, was enrolled as a full-time student in any institution of higher learning beyond the secondary school level (not to exceed four years). If, at the time of loss, there are no dependent children eligible for the Education Benefit, the Company shall pay an additional amount of \$2,500.00 to the designated beneficiary.

FAMILY TRANSPORTATION BENEFIT (\$15,000)

If injury results in confinement as an inpatient in a hospital, and such injury results in a loss being payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, and the hospital is located at least 150 km from the insured's residence, the Company will pay the expenses actually incurred by a member of the immediate family for hotel accommodation and transportation by the most direct route to the confined insured.

If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.35 per kilometer travelled.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT (\$15,000)

If injury requires the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to the insured's principal residence and/or the cost of modification to one motor vehicle utilized by the insured, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

HOSPITAL INDEMNITY EXPENSE (\$2,500)

A daily benefit, subject to the above-mentioned monthly maximum, will be payable when an insured is in a hospital, if such period of hospitalization is necessary for the treatment of an injury which results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity of the policy and begins while insurance is in force.

A period of hospitalization necessary for an injury other than for a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity will be covered as stated above, provided such hospitalization is of at least a 4 day period.

FUNERAL EXPENSE BENEFIT (\$6,500)

If injury results in loss of life in the city of Residence in Canada, an additional amount is payable for cremation or burial (if in the city of Residence in Canada) expenses actually incurred. This benefit is only payable if no Repatriation Benefits have been paid out.

IDENTIFICATION BENEFIT (\$10,000)

If injury results in loss of life, and requires body identification, the Company will pay the expenses actually incurred by a member of the immediate family for lodging, board and transportation by the most direct route, provided the body is located not less than 150 kilometres from the member of the immediate family's residence and the identification of the body is required by the police or a similar law enforcement agency having authority over such matters.

If transportation occurs in a vehicle or device other than one operated under the license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.35 per kilometre travelled.

PSYCHOLOGICAL THERAPY BENEFIT (\$5,000)

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity and results in the insured requiring psychological therapy, as prescribed by a physician, the Company will pay the reasonable and necessary expenses actually incurred.

REHABILITATION BENEFIT (\$15,000)

If injury requires that the student undergo special training in order to be qualified to engage in a special occupation in which the student would not have engaged except for such injury, the Company will pay the reasonable and necessary expense incurred for such training, provided such injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity.

SEAT BELT BENEFIT

If injury results in a loss payable under the Accidental Death, Dismemberment and Specific Loss Indemnity, the principal sum will be increased by 10% if, at the time of the accident, the insured was driving or riding in a vehicle and wearing a properly fastened seat belt.

SPOUSAL RETRAINING BENEFIT (\$15,000)

If injury results in loss of life of a student, the Company will reimburse the spouse for the actual expenses incurred for a formal occupational training program in order to become qualified for active employment in an occupation in which the spouse would not otherwise have sufficient qualifications.

TRAVEL EXPENSE REIMBURSEMENT FOR PARENT(S) (\$10,000)

The Company will pay the actual expenses incurred by the parent(s) of the student for transportation, board, lodging and extra travel expenses incurred while en route and/or during the stay in the city or town where the body of the student is located following an accidental death.

TUTORIAL AND SPECIAL TELEPHONE EXPENSE (\$2,000)

If injury shall, within 100 days from the date of the accident, totally disable and confine the student to his residence or hospital for a period in excess of 40 consecutive days, the Company will pay the expenses incurred from the first day the actual expense is incurred for such confinement, for the tutorial services attained by the student at a rate not to exceed \$20.00 per hour, and in addition, will pay for labour charges, wiring and rental of communication equipment to provide a telephone tutorial service from the school to his residence or hospital.

LIMITED AIR TRAVEL COVERAGE

Coverage includes injury sustained in consequence of riding as a passenger and not as a pilot or member of the crew; in boarding or alighting from or being struck by; or making a forced landing with or from:

- a) any aircraft having a current and valid airworthiness certificate and which is operated by a person holding a current and valid pilot's license of a rating authorizing him to pilot such aircraft, or
- b) any transport-type aircraft operated by the Canadian Armed Forces or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world, provided the aircraft is not being used for test or experimental purposes.

Notwithstanding (a) and (b) above, coverage excludes injury sustained while and in consequence of riding as a passenger, pilot, operator or member of the crew, in or on, boarding or alighting from or being struck by or making a forced landing with or from any aircraft owned, operated or leased by the policyholder.

WHEN DOES THIS ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE NOT APPLY?

- A. The plan does not cover loss, fatal or non-fatal, caused by or resulting from:
 - a) declared or undeclared war or any act thereof;
 - b) active full-time service in the armed forces of any country;
 - c) suicide or any attempt thereat or intentionally self-inflicted Injury, while sane or insane;
 - d) injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in the part titled "Limited Air Travel Coverage".
 - e) Nor does the plan cover expenses incurred:
- B. purchase, repair or replacement of eyeglasses or contact lenses or prescriptions therefor;
 - a) charges of masseur;
 - b) sickness or disease, either as a cause or effect;
 - c) expenses incurred by an insured who is not covered under any Federal or Provincial Hospital Plan or its equivalent.

INDEMNITY PAYMENTS

ACCIDENTAL DEATH & DISMEMBERMENT

Indemnity payable in the event of the loss of life of a student is payable to the estate of the student. All other indemnities payable, including those payable for the insured Spouse and/or insured Dependent Children, are payable to the student, with the exception of indemnities payable under the following benefits: Bereavement, Day Care, Education, Family Transportation, Funeral Expense, Identification, Repatriation and Spousal Retraining benefit.

The policy contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable. Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation. **Medical Insurance:** Unless otherwise indicated, all benefits will be paid to or at the direction of the student. Accrued benefits, if any, unpaid at the time of the student's death will be paid to his estate.

TRAVEL COVERAGE

(Emergency out of Province/Canada)

Coverage for Emergency Injury or Sickness

Per Trip Maximum: \$5,000,000

Trip Duration

180 Days maximum

Emergency Out of Province Coverage and Assistance is provided by AIG Insurance Company of Canada Travel Insurance under policy: SRG 9426406A

Global Excel

For emergency assistance call 1-877-207-5018

Outside North America, call collect: +819-566-3940

Medical Assistance

YOU MUST contact Global Excel prior to receiving any medical treatment. If you do not, you may receive inappropriate or unnecessary medical treatment, which may not be included in your coverage.

Note: Refer to the AIG Insurance Company of Canada Out Of Province/Canada Travel booklet for full policy details and exclusions available on wespeakstudent.com

HOW TO FILE DRUG/DENTAL/EHC CLAIMS

All practitioners must be licensed, certified or registered, is neither an Insured, or a member of the immediate family and does not ordinarily reside in the Insured's residence.

Please note that general prescription drug, dental, and extended health care claims for the 2024-2025 policy year must be RECEIVED by ClaimSecure no later than November 30, 2025 to be eligible for reimbursement.

How do I make a drug/dental/ehc claim?

Your student identification card may be used at any participating provider (pharmacist or dentist) across Canada and payment of eligible claims will be honored. To fill a prescription drug or dental claim, you will need to supply the pharmacist/dentist with the following information:

- **Your Group Number is 510000**
- **Provider: ClaimSecure**
- **Your Student ID # _____ GBC**
(The last 7 digits of your student id number followed by GBC)

At this point you will be required to pay the deductible amount of your claim if necessary.

Please note: if the dental office charges more than the Fee Guide recommends, you will be responsible for additional charges.

For all non-accidental, medical extended health care claims, you can submit your claim online by creating a profile with the insurer or you can obtain and complete a ClaimSecure extended health care claim form from the Student Association office and include all written referrals and original receipts. You will submit all information to the address indicated on the claim for reimbursement within 90 days of the incurred claim. When so requested by the Company, the student shall secure any further statements from his or her physician within 90 days of the date of the incurred claim.

My student card was not accepted at the pharmacy or dental office.

Why? What do I do?

There are a few different reasons for having complications at your pharmacy or dental office. Below are some scenarios:

- a) At the beginning of each semester, a listing of all registered and eligible students to date is provided. These records are used to put your personal information on-line so you can make a pay-direct claim at your pharmacy or dental office. There is a time when you will not be able to use your student card to purchase claims on-line due to the transfer of information to the on-line system. If you are affected by this delay, please use the manual reimbursement system as noted below.
- b) Your pharmacist or dentist may not be familiar with the procedure for processing a claim through ClaimSecure. A toll-free number has been provided to all pharmacies and dental offices that they can use to assist you on the spot.
- c) If you experience complications at the pharmacy that are not related to the above descriptions, please call ACL Student Benefits for help.

I have been unable to locate a ClaimSecure participating pharmacy. What do I do?

It will be necessary for you to pay cash for the claim, keeping official receipts(s), which will identify the total amount(s) paid. Please use the manual reimbursement system as noted below.

How do I use the manual reimbursement system?

Prescription, Dental and EHC claim forms are available at both the Student Association office and on-line at www.wespeakstudent.com Complete all sections of the form that apply to your claim and once you sign it you can send it along with your receipts directly **to the address on the form**. It will take approximately 3-4 weeks, depending on mail service, to receive your reimbursement.

Can I submit my claims electronically?

Can you reimburse my claim using direct deposit?

YES, Once registered, plan members/dependents can submit claims electronically if you select direct deposit for claim reimbursements. View personal claims history, access dependent claims information (for those individuals under the age of majority), obtain details on the reason for particular claim adjustments or rejections, submit coverage queries online – “Ask the Expert”, print individual claims for Co-ordination of Benefits (COB), run consolidated statements for tax purposes, access claim forms and important health information. No application forms to complete, no software, all the plan member/ dependent has to do is register online by visiting www.wespeakstudent.com click on the “eProfile for online claims submission” tab on the webpage.

Online Claims Submission

A GUIDE TO CREATING YOUR ONLINE PROFILE

1. **Visit www.wespeakstudent.com**
Select your school, and click on the “eProfile” tile.
2. **Click “Register Now”.**
You must have an active insurance status and valid e-mail address to register.

- **Your Group Number is: 510000**
- **Your Certificate Number is: _____ GBC**
(The last 7 digits of your student ID number followed by GBC)

**Example: If your student ID is 7654321,
your certificate number is 7654321GBC.**

Direct deposit is optional.
You can sign up any time under “My Account”

3. **You will receive an email confirmation from “eProfile System” containing your login information.**
Make sure to log into your account within 15 days, otherwise your registration information will expire.

4. **You are finished!**

DO NOT USE YOUR ONLINE PROFILE FOR THE BELOW



- Hospital & physician visits
- Emergency room visits
- Walk-in clinic
- Blood tests
- X-rays & ultrasounds
- Diagnostic imaging

These claims must be submitted by **EMAIL** or **MAIL**.

You can download your claim forms at www.wespeakstudent.com.

Please ensure that if you pay any expenses yourself, you obtain original receipts and mail complete forms to the address on the form.

Email your claims to: claims@morcare.ca

DRUG, DENTAL, EXTENDED HEALTH CLAIMS

These can be submitted online or by mail.

If you are mailing your claim, please mail your prescription drug/dental/extended health care claim directly to the address on the form.

HOW TO FILE AN OHIP ALTERNATIVE HEALTH CLAIM

OHIP ALTERNATIVE HEALTH CLAIMS (Doctors, x-rays, walk-in clinics, hospital visits, emergency)

If the healthcare provider accepts your Morcare International Medical Card, claims will be paid by the Insurer directly to the provider.

If you have paid for any expenses yourself, these claims can be submitted by EMAIL (preferred) or MAIL.

- **Email your claims to: claims@morcare.ca**
- **Secondary option: By mail to the address on the claim form**

If you have been issued an invoice for outstanding payment, you can include the unpaid invoice along with a completed International claim form and indicate that payment should be made directly to the health care provider.

Download the Claim Form at wespeakstudent.com

Please ensure you scan or send photos of both your claim form and all receipts or invoices. Make sure to keep copies for yourself.

Please be sure to include on the claim form: your policy number, certificate number and current mailing address.

You can also contact WeSpeakStudent at: 416-216-0296 (Local) and 1-800-315-1108 (Toll Free) for assistance with the Claim Form.

HOW TO FILE AN ACCIDENT CLAIM

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) CLAIMS:

In the event of accidental, death or dismemberment claim, You **MUST** call the Insurer at **1-800-266-5667**

Have the following information ready to provide:

- Name of the person insured
- Policy number
- Type of accident
- Date of accident and/or death

The claim forms and instructions will be sent to you at that time.

DEADLINE TO FILE A CLAIM

OHIP Alternative Coverage: You have the following deadline to submit your claims:

- 6 months from the date of service, or;
- November 30th, 2025;
- whichever is earlier

Examples of OHIP Alternative claims include but are not limited to: Hospital, emergency room visits, physician visits, walk-in clinics, x-rays, ultrasounds, diagnostic imaging, blood tests etc...

Prescription Drug/Dental/Extended Health Care Coverage: You have the following deadline to submit your claims:

- November 30th, 2025

HOW CAN I SET UP A DOCTOR OR WALK-IN CLINIC APPOINTMENT

TO AVOID UPFRONT COSTS CALL: 1-800-315-1108

APPOINTMENT SET-UP FOR: DOCTOR VISITS, WALK-IN CLINICS, X-RAYS, HOSPITAL VISITS

If it is not a medical emergency, please contact Morcare for assistance in setting up your appointment.

You can also go to your family doctor, any walk-in clinic or hospital and present your Morcare international medical card. Most places will accept the student benefit card. If your doctor, walk-in clinic or hospital will not accept the card you can pay them directly and submit a claim for reimbursement. Coverage for your visit is up to the benefit maximum in your coverage. Other fees or costs may apply to you.

DO I NEED APPROVAL IF I WILL BE STAYING OVERNIGHT IN A HOSPITAL OR SCHEDULED FOR OUTPATIENT SURGERY?

Yes. If you will have an expense for scheduled confinement in a hospital or scheduled surgery, including outpatient surgery, Notification of this claim must be submitted to the Insurer for approval **THREE (3) days in advance** of the date you will be admitted.

If you do not get approval 3 days in advance, your coverage is limited to 70% of all expenses incurred to an overall maximum of \$10,000. If you have questions, contact Morcare for assistance.

FOR MEDICAL EMERGENCIES

If it is a medical emergency, proceed directly to the hospital. If you are admitted overnight, please contact **WeSpeakStudent at: 416-216-0296 (Local) and 1-800-315-1108 (Toll Free)**.

GENERAL INQUIRIES

PLAN OPTIONS

All full time students that have paid the student health plan fee are automatically members of the Balanced plan unless you decide to choose the Enhanced Drug Plan, Enhanced Dental Plan or Enhanced EHC Plan. To choose a plan other than the Balanced plan at no additional cost please go to our website www.wespeakstudent.com

The deadline dates to choose a different plan option are October 3, 2024 for September start students and February 6, 2025 for January start students.

Please be aware that should you decide to purchase family benefits for your spouse and/or dependant children they will also be enrolled in the same benefit plan that you have chosen.

Am I covered? What is the effective date of my coverage?

All registered full-time students are automatically enrolled in the International Student Insurance plan as of September 1st (September start), as of January 1st (January start) and as of May 1st (May start).

May I enroll my dependents?

All students may obtain coverage for their spouse and dependent children by enrolling them before October 3, 2024 for the fall semester, or February 6, 2025, for the winter semester of each academic year, by paying on-line at www.wespeakstudent.com

If the online link is closed, please proceed to your local Student Association for assistance.

“SPOUSE” means the legal spouse of the Insured Student, residing in Canada, provided there is no legal separation in effect, or an individual of the same sex or opposite sex who has been residing with the Insured Student for a period of at least one year and who has been designated as the spouse of the Insured Student in the George Brown College’s records for insurance purposes and is covered under the provincial health insurance plan.

“DEPENDENT CHILD OR CHILDREN” means any natural child, step child or legally adopted child of the Insured Student, who is 20 years of age and under, unmarried and receives full support and maintenance from the Insured Student, or 21 years of age but less than 25 years of age, unmarried and receives full support and maintenance from the Insured Student for reason of full-time attendance at an accredited institute, college or university in Canada or receives full support and maintenance from the Insured Student by reason of mental or physical infirmity, is a resident of Canada and is covered under the provincial health insurance plan.

Please be aware that should you decide to purchase family benefits for your spouse and/or dependent children they will also be enrolled in the same benefit plan that you have chosen.

What is the termination date of my coverage?

In accordance with the outline described above, your benefits will terminate August 31, 2025. Once your coverage terminates, any additional family coverage that you have applied for will terminate also. Refer to page 4 for full terms of Coverage Termination.

Coordination of Benefits for Private and Provincial Plans

Amounts payable under the policy shall only be for the excess of such expenses over any amounts available or collectible for the treatment or services which are insured services under the Provincial Medical or Hospital Care Plan of the province in which the Insured is resident, whether or not the Insured is covered hereunder.

If an Insured has coverage under another plan of insurance which provides similar benefits, the order of benefits determination is as follows:

- a) the plan that does not include a Co-ordination of Benefits provision is considered to be the primary plan and pays benefits first before a plan which includes a Co-ordination of Benefits provision
- b) the plans that include a Co-ordination of Benefits provision, priority payment is established as follows:
 - 1. the plan where the Insured is covered as a student
 - 2. the plan where the Insured is covered as a dependen

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OHIP Alternative/AD&D Claims

These claims must be submitted by EMAIL or MAIL

- **Your Group Policy Number is: 100011335**
- **Provider: Special Markets Solutions**
- **Your certificate number is your Student ID**

You can download your claim forms at www.wespeakstudent.com

Please ensure that if you pay any expenses yourself, you obtain original receipts and mail complete forms to the address on the form.

Your Drug/Dental/EHC Claims are paid by ClaimSecure

When making a pay direct drug/dental claim the pharmacy/dentist will need to know the following

- **Your Group Number is 510000**
- **Provider: ClaimSecure**
- **Your Student ID # _____ GBC**
(The last 7 digits of your student id number followed by GBC)

**Example: If the last 7 digits of your student ID # are 7654321,
the correct ID # would be 7654321GBC**

All Dental Inquiries call Toll Free 1-888-513-4464

*If mailing your claim please mail your claim directly to the address on the form.

Plan Consultants:

**WESPEAK
STUDENT**

2255 Sheppard East, Atria 1, 2nd Floor, Suite 202, Toronto, ON, M2J 4Y1

Toll Free: 1-800-315-1108 Fax: (416) 216-1179

Website: www.wespeakstudent.com Email: help@wespeakstudent.com